



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

RECEIVED

REPORT #3

Complete this report at the time of the regular monthly preventive maintenance (days). Complete this report whenever the instrument is serviced or repaired into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SN 12688 NAME OF AGENCY Lee's Summit Police Dept DATE OF INSPECTION 12/02/2015

LOCATION OF INSTRUMENT (STREET AND CITY) 10 NE Tudor Rd Lee's Summit TIME OF INSPECTION 01:56 CST

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

☒ BLANK CHECK ☒ CO2 CHECK
☒ FC 1 TEMP ☒ FLOW CHECK
☒ SRC TEMP ☒ FCB CHECK
☒ DET TEMP ☒ CRC COMP CHECK
☒ BT TEMP ☒ CRC CAL CHECK
☒ STD 2 TEMP ☒ PRINT TEST
☒ ETH CHECK

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR SOLUTION ☒ COMPRESSED ETHANOL-GAS MIXTURE
☒ STANDARD SUPPLIER Intoximeters LOT# AG434902 EXP. DATE 12/15/2016
☐ SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR S/N SIMULATOR EXP DATE

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☐ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☒ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 0.080 g/210L TEST 2 0.080 g/210L TEST 3 0.079 g/210L

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS 3 0-.04 0 .05-.09 0 .10-.14 4 .15-.19 6 OVER .19 2

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

SIGNATURE *Jennifer Kudzinski* 0524 PRINT FULL NAME JENNIFER KUDZINSKI
TYPE II PERMIT NUMBER 250249 EXPIRATION DATE 11/09/2017 TELEPHONE NUMBER (816) 969-7390

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901



Airgas USA LLC (LAB)
3600 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 16-Dec-2014

Lot # AG434902

Exp. Date

15-Dec-2016

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.080 \pm 0.002 BrAC (218 ppm)
Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.

EB0010581

Concentration

391.8 ppm

EB0010570

259.8 ppm

EB0010285

209.0 ppm

EB0010561

103.7 ppm

EB0010681

52.22 ppm

Serial No.

EB0010603

Concentration

392.5 ppm

EB0010559

258.9 ppm

EB0010595

208.9 ppm

EB0010562

104.9 ppm

EB0010579

52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2014.12.16 10:54:07 -08:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst:


Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



**PERMIT
TYPE II**

JENNIFER KUDZINSKI

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/9/2015

NUMBER 250249

EXPIRES 11/9/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator KUDZINSKI, JENNIFER
Permit No 250249
Date Issued 11/9/2015 Date Expires 11/9/2017